Annual Quality Account 2025-2026

Contents

cora

cora 2025/26

1,309 COLLEAGUES — 769 Clinical, 540 Support

Delivering services on behalf of **NHS**

29 out of 42 Integrated Care Boards

- Musculoskeletal (MSK)
- Rheumatology
- Persistent pain
- Diagnostics
- Surgical services

1.3 MILLION patient contacts

Community Services

Referrals **>550k**

150,000 Outcome datasets collected across MSK and pain service

73.4% achieved meaningful improvement

6.6 point improvement in **MSK-HQ**

Diagnostics & Surgical Services

Surgical patients **36k**

Orthopaedics
Gynaecology
Vascular
Podiatry
ENT and Dermatology

Patient Experience 96% of patients reported they were satisfied or very satisfied with our diagnostic and surgical services.

360 THOUSAND diagnostic tests including MRI, Ultrasound and X-ray

4,800 ENDOSCOPY CASES

Colleagues

Colleague Survey response rate **73%**

73.2% Would recommend Cora as a place to work

7.38/10 average engagement score

sickness rate **3.1%**

78 CONSULTANTS WORK WITH US

www.thejag.org.uk We achieved JAG re-accreditation this year

We service **80%** of all prisons nationally for MRI, X-ray and Non-Obstetric Ultrasound (NOUS)

2 HOSPITAL CLINICS

West London — Norwich

Part 1 Introduction, Context and Assurance

1.1 Introduction – Our NHS Services 2025/26 Quality Account

The 2025/26 Quality Account reflects Cora Health's first full year operating under a single unified identity and governance framework. Following the merger of Connect Health and Healthshare Ltd in December 2024 and formal brand launch in July 2025, this year has been one of consolidation, alignment and purposeful growth.

As one of the largest specialist community healthcare providers in England, Cora Health now supports over 1.3 million patient contacts annually across musculoskeletal (MSK), diagnostics, rheumatology, persistent pain and surgical services. Working in partnership with more than half of Integrated Care Boards (ICBs), we continue to play a significant role in supporting elective recovery, community transformation and pathway redesign.

Strengthening Integration and Standardisation

During 2025/26, our priority has been embedding a single clinical governance framework, harmonised policies and consistent quality standards across all services. This has enabled:

- Greater transparency of outcomes and performance reporting
- Shared learning across regions and specialties
- Standardised evidence-based pathways
- Stronger oversight of safety, risk and patient experience

We have improved how community diagnostic services such as MRI, ultrasound and X-ray support muscle, joint and surgical care. This means patients get fewer duplicate tests, faster treatment, and a smoother journey through care. For example, bringing services together in Oxfordshire makes appointments more convenient, while in North West London doctors can easily access scan results and reports, reducing delays and avoiding the need for repeat tests.

Delivering Value Through Innovation

- A central theme for the NHS, our focus has been on delivering high quality care and measurable value and sustainability. To this aim Cora Health has in the past year had an increased focus on
- Giving patients more control over their care by expanding digital tools that help them manage their health and get the right support more quickly.

- Make care simpler and more convenient by improving care pathways, so patients don't need unnecessary hospital appointments.
- Bring care closer to home by supporting teams of different health professionals to work together in community settings.
- Use data to improve care and outcomes so patients receive safer, more effective treatment and can see the benefits of their care.

Our approach recognises that quality and productivity are not competing priorities but interdependent drivers of sustainable care.

Our Commitment to Quality

We have made good progress towards our goals for 2025/26. Many improvements are already in place, and others are well underway. We have expanded services in the community, making it easier for patients to access care closer to home. We have also strengthened our partnerships with NHS organisations, helping more patients receive timely care. There has been increased activity across services, and strong collaboration across the wider health system.

We have also improved our diagnostic services, including investing in staff training and increasing capacity in imaging such as MRI and X-ray. This is helping to make services more reliable and better able to meet patient demand. Some improvements are still in progress. Work is underway to introduce digital tools, including a patient portal, to make it easier for patients to access information and manage their care, but these are not yet fully available. Similarly, we are developing "One Stop Shop" services for MSK services, where patients can receive assessment and treatment in one visit.

Finally, while we have strengthened how we review and learn from care through clinical audits and incidents, we continue with a robust audit programme to continue to make the quality improvements for our patients care.

Despite our organisational change, our focus on safe, effective and compassionate care is unwavering. This Quality Account outlines our performance across patient safety, clinical effectiveness and patient experience, alongside the improvement priorities that will guide us into 2026/27.

As Cora Health continues to mature as a unified organisation, our mission remains clear: to support healthier communities through accessible, integrated healthcare—delivered locally, equitably and with demonstrable impact for patients and the NHS alike.

1.2 Chief Executive Statement

“I am pleased to present our first full-year Quality Account operating under a single, unified identity and governance framework as Cora Health.

Our transition to one organisation has been guided by a clear and shared purpose: to deliver high-quality, safe and compassionate care with greater consistency, resilience, and impact. Over the past year, our teams have worked tirelessly to integrate systems, align clinical pathways and establish a culture founded on collaboration, shared values and collective accountability.

During this period, we have continued to deliver safe, effective and compassionate care to the communities we serve. Together, our teams supported more than 1.3 million patient contacts, introduced innovative pathways and new models of care, and further strengthened our partnerships across the NHS and wider healthcare system.

Quality and safety remain at the heart of everything we do and are embedded across all aspects of our organisation. We are proud to hold ISO accreditations and Joint Advisory Group (JAG) accreditation, reflecting our commitment to robust clinical governance, continuous improvement, and high standards of care.

Our priorities for the coming year focus on enhancing and expanding access, improving equity, and further improving patient outcomes through innovation, collaboration and an unwavering commitment to quality. Central to this is the establishment of a consistent, organisation wide approach across all services, supporting improved patient outcomes, strengthening audit and assurance processes, and enhancing patient experience, underpinned by the effective use of digital tools where appropriate.”

Mike Turner CEO

1.3 Medical Director Statement

I am pleased to present Cora Health’s Quality Account for this year, which reflects our continued commitment to delivering safe, effective, and compassionate care for every individual who relies on our services.

Having joined the organisation partway through the year as Chief Medical Officer, clinical leadership has been strengthened, helping to ensure that patient care remains central to decision-making. This focus on leadership and safety has been further enhanced through the introduction of a new Digital Clinical Safety Lead role, who is responsible for ensuring that digital systems used in patient care are safe, effective, and support the delivery of high-quality treatment.

A core focus throughout 2025/26 has been the strengthening of our clinical governance arrangements, including the adoption of a unified governance framework, harmonised clinical policies and the rollout of Datix across services to support consistent incident reporting, learning and improvement. I am particularly encouraged by the progress made in strengthening patient safety, including improved incident reporting, more robust learning systems, and a more open and supportive culture.

This year also marks an important milestone in the maturity and external recognition of our diagnostic and surgical services. Cora Health has achieved "Working Towards QSI" status, with a full external inspection scheduled for July 2026 as part of our journey towards the Quality Standard for Imaging Quality Mark. This nationally recognised accreditation provides independent validation of quality and supports continuous improvement in clinical practice, governance, and patient experience.

In parallel, our Endoscopy services have successfully achieved JAG reaccreditation, confirming that they continue to meet national standards for high-quality, safe, and patient-centred care. Together with our ISO 9001, ISO 27001, and Cyber Essentials accreditations, these achievements provide strong external assurance of our commitment to quality, governance, and information security.

Improving patient experience and addressing health inequalities remain key priorities. Patient feedback is collected through a number of mechanisms and Surgical and Diagnostics demonstrated that 98% of patients were treated with dignity and respect. In our community services data is collected on outcomes and in our musculoskeletal services (back pain, arthritis) over 73% of patients had a meaningful improvement in their symptoms. We are committed to ensuring that care is accessible, inclusive, and responsive to the diverse needs of the populations we serve and are developing a new patient experience strategy for the coming year.

While we are proud of our progress, we recognise there is more to do. This Quality Account highlights both our achievements and areas for further improvement. We remain committed to transparency, rigorous evaluation, and continuous improvement in everything we do.

Looking ahead to 2026/27, our focus will be on strengthening consistency across the organisation in clinical audit, patient experience, and outcome measurement. While these are already in place, a more standardised approach will allow us to better identify variation, target improvement efforts, and further enhance the quality and equity of care we provide.

Our ambition is clear – we are committed to better – to be an organisation where quality is not only assured but continuously improved, patient experience is valued and where teams are empowered to deliver excellence every day. By working collaboratively, listening to our patients and colleagues, and maintaining an unwavering focus on safety and innovation, we will continue to strengthen our services and contribute meaningfully to the wider health system

1.4 Statement of Assurance

We confirm that this, our Quality Account for 2025-2026, presents a true picture of the quality of services we provide, that the information is reliable and accurate and there are proper controls over the collection and reporting of data.

We confirm that this Quality Account conforms to the Department of Health guidance and is open to scrutiny and review.

Signed: Name: Mike Turner

Title: Chief Executive Officer Date: 30 June 2026

1.5 Further Information and Feedback

If you would like any of the following:

- To give us feedback on any aspect of this Quality Account.
- A hard copy of this quality account.
  a copy to read it in a different language.
- To talk to someone about your experiences of our community MSK services.

To find out more about how to access our services. Please email access@corahealth.co.uk or phone 0191 250 4580. Service specific Information.

For each of our NHS services, the website details:

- Services on offer.
- Meet the team – photos and bios.
- Patient guides and information in PDF to download.
- Detailed information about each clinic – full contact information, directions, parking, opening hours, what to do on arrival, additional services, frequently asked questions.
- Patient resources – informative and educational videos, PDFs, and links to credible websites If you have any questions or require assistance in accessing our website, please email: integratedgovernance@corahealth.co.uk.

1.6 Cora Health 's Green Plan, Sustainability and Environmental, social and governance (ESG)

Cora Health 's Sustainability Plan has been uploaded to our website and can be found here via the following link: https://www.corahealth.co.uk/about/environmental-social-and-governance-esg/our-planet/

To identify and prioritise our environmental impact the organisation has undertaken a structured assessment of its key environmental aspects. The assessment identified the following as areas key to delivering improvements to reduce our emissions:

- Energy use and associated carbon emissions
- Waste management
- Travel and transport
- Procurement

Key performance indicators have been developed for each of these areas to enable robust monitoring of progress and assurance that objectives and targets are being met. These KPIs are supported by our Carbon Reduction Plan and our overarching Sustainability Plan.

We are dedicated to supporting the NHS's ambition to become the world's first net zero national health service. In 2021, the Independent Healthcare Provider Network (IHPN) launched a voluntary industry-wide pledge for the UK independent healthcare sector to achieve net zero emissions for scope 1 and 2 by 2035 and scope 3 by 2045, 5 years ahead of the current NHS targets. Cora Health has signed up to this pledge.

Our policies, including our Sustainability Plan detail our practices that are aligned with the workstreams within the NHS Delivering Net Zero guidance, ensuring sustainability and improved health outcomes. We also follow Greener NHS guidance

to support the development of greenhouse gas emissions reduction metrics linked with sustainable care actions.

A comprehensive plastic audit will be undertaken to assess the types and volumes of plastic used across the organisation. This will identify opportunities for replacement with environmentally preferable alternatives, as well as areas where viable plastic free options are not currently available.

Following this assessment, purchasing and usage will be rationalised to balance safe clinical practice with sustainability impact, with a focus on reducing single use items and unnecessary waste. As an early improvement, we have already reduced the use of single use wipes, replacing them with refillable spray systems using recyclable bottles.

Within estates and facilities, we have implemented a Building Management Systems (BMS) to optimise energy use and transitioned to LED lighting across all facilities under our control. We have aligned maintenance activities to reduce the emissions generated by contractors attending site.

To reduce emissions associated with travel we have introduced an electric car employee salary sacrifice and cycle to work scheme; promoted travel hierarchy for business journeys and promoted the benefits of active travel (running, cycling, walking) to staff, patients, and visitors.

Supply Chain:

Supplier engagement ensure environmental impacts are considered in procurement processes, promoting sustainability across the supply chain. This includes initiatives to reduce single-use plastics and promote recyclable and biodegradable alternatives in procurement practices and reductions in the frequency of orders to not only reduce packaging but also the emissions generated during transportation of goods.

Cora Health continues to explore opportunities for research and innovation into improving energy efficiency and identify more sustainable transport options. Where emissions cannot be fully eliminated, we participate in offsetting programmes to balance residual carbon impact.

Sustainability is embedded within our sustainable models of care with the increased use of telehealth and remote working that reduce travel related emissions. We place a strong emphasis on preventative care to minimise hospital attendances and promote healthier lifestyles and address health inequalities particularly for communities disproportionately affected by pollution. Clinical pathways are regularly reviewed to streamline care, remove unnecessary diagnostics and interventions, and decarbonise pathways while maintaining high-quality patient outcomes.

We are committed to achieving net zero emissions by 2035 for direct emissions and by 2040 for emissions we can influence, with interim targets in place to monitor progress. Our approach aligns with the NHS ambition for a net zero health service.

We actively communicate sustainability initiatives with staff and the wider community and engage with NHS England, the Independent Healthcare Provider Network (IHPN), and relevant professional bodies to support collaboration and systemwide progress.

In the last year, Cora Health has undertaken a full review of our Environmental, Social and Governance (ESG) programme of work. ESG is a core strategic priority for Cora Health and is fully integrated into the organisation's wider Integrated Governance, Quality, Risk and People frameworks. The Board has explicitly endorsed the ESG framework and receives regular, structured assurance through established governance and reporting arrangements. During this period, we received external benchmarking from one of our investor's partners, Seismic.

Receiving a strong overall ESG maturity score indicating a "value add" level of maturity following an independently facilitated baseline assessment. Performance is strongest in the Social and Governance pillars, with the Environmental pillar identified as the primary focus area for further improvement and investment.

This position provides a strong foundation for accelerating ESG delivery while balancing safety, regulatory compliance, growth, and operational capacity across our healthcare services. We have outlined our environmental priorities above. Our Social pillar reflects Cora Health 's core purpose as an independent community healthcare provider. We have a strong commitment to Workforce wellbeing, equality, diversity and inclusion as detailed in the workforce section below. We are also committed to delivering high-quality patient care and safeguarding. This includes us striving to make a positive community impact through service delivery and partnership working for our patients and the wider population.

Our organisational Governance arrangements are robust. Oversight is provided through a dedicated ESG Steering Group, which is accountable for the delivery of the ESG Strategy and consolidated ESG Action Plan.

1.7 Quality Assurance and Quality Management

Quality Assurance at Cora Health (ensuring that patients receive safe, effective consistent and high quality care) is a key priority and we have focussed efforts on strengthening our systems to support this over the last year. Our service standards are benchmarked against local and national regulatory and legal requirements, as well as those defined through specific bodies and organisations such as the Chartered Society of Physiotherapy (CSP), the Nursing and Midwifery Council

(NMC), the General Medical Council (GMC), the Health and Care Professions Council (HCPC), the Care Quality Commission (CQC) and NHS England.

We undertake routine structured audits of our services, as well as external certification and inspections. Our quality audits are aligned to the ISO 9001:2015

standard; these mirror the requirements for CQC compliance as well as guidance from centres of excellence, for example the National Institute for Health and Care Excellence (NICE).

We aim to deliver consistently high standards to all our stakeholders, not least to the patients who put their trust in our care.

1.7.1 Governance and Assurance Framework

Strong governance remains central to Cora Health ’s culture, strategy and operational delivery. It provides the foundation for high-quality, safe and effective care and supports positive clinical outcomes and patient experience across all services.

Our approach to governance ensures that quality, safety and improvement are embedded at every level of the organisation. We are committed to protecting patient safety, learning from experience, and continually improving our systems and processes through evidence-based practice and innovation.

1.7.2 Clinical Governance Framework (CGF)

Our clinical governance framework has been well embedded across the business and is being further reviewed for the next three-year cycle to ensure it continues to provide a comprehensive and cohesive approach to supporting safe and effective service delivery. Our framework ensures we are following best practice guidance and delivering against external regulatory requirements. It enables the safe implementation of change based on service needs, incorporating colleague and patient feedback, and evidence-based practice. This ensures we meet the expectations of our stakeholders, including patients, commissioners, GPs, and colleagues.

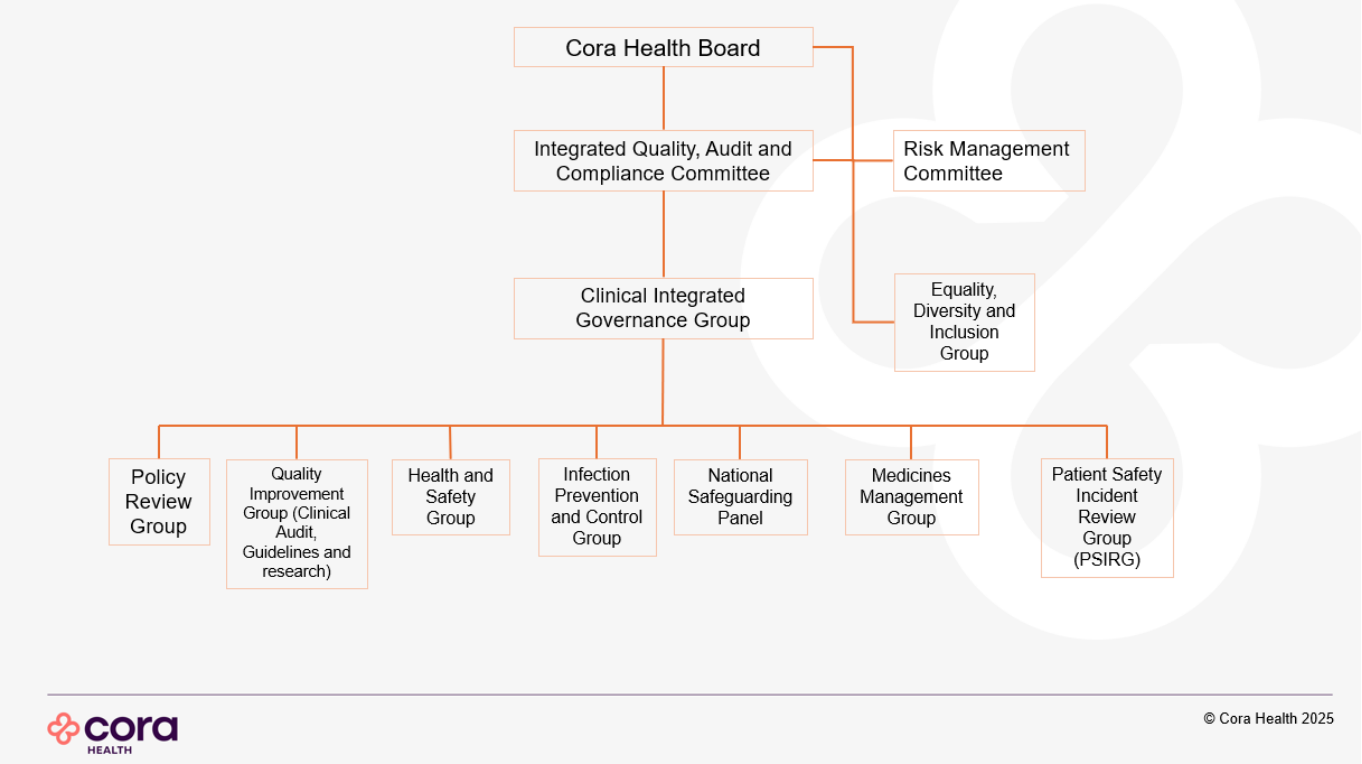
1.7.3 Clinical Leadership and Governance Structure

Clinical leadership within Cora Health promotes local ownership and accountability, supported by clear organisational oversight. A structured governance committee framework enables effective escalation, monitoring and learning from Board to service level and from services back to the Board.

Key governance groups include:

- Integrated Quality, Audit and Compliance Committee (IQACC)
- Clinical Governance Committee
- Clinical Audit, Guidelines and Research / QIPP Group
- Medicines Management Group
- National Safeguarding Panel
- Risk Management Committee
- Infection Prevention and Control Group

Our meeting structure is being reviewed and updated for 2026/2027, and our current structure is below:



1.7.4 Developments in Governance: 2025/26

Over the past year, Cora Health has integrated its core clinical and corporate governance processes across our two divisions. This includes integration of all policies and the use of consistent online platforms for our governance activity. All patient safety incidents, including near misses and adverse events have transitioned to being reported via Datix Cloud IQ, this integration has strengthened organisational oversight and data triangulation.

1.7.5 Patient safety

All reported Incidents are reviewed in line with the principles of the Patient Safety Incident Response Framework (PSIRF) to ensure responses are proportionate and focused on learning and improvement. A range of response methods is used, including safety investigations, thematic reviews and improvement actions, enabling resources to be targeted where they will have the greatest impact on patient safety.

To support the PSIRF principle of effective and supportive oversight, dedicated training has been delivered, and a Patient Safety Incident Review Group (PSIRG) has been established. The group provides independent and consistent oversight of incident responses, supporting the quality and robustness of investigations and action plans, and ensuring organisational alignment with national expectations.

Patients, families and carers are involved appropriately following incidents, in line with the duty of candour and PSIRF principles, with a strong focus on open, honest and compassionate communication. Learning from incidents is shared through governance and quality forums, with themes and actions monitored to support continuous improvement and strengthen safety across services.

1.7.6 Patient Feedback and Complaints

The management of patient feedback and complaints is an essential part of improving the quality of our services and the experience of our patients. We have implemented an integrated Complaints process across Cora Health in this reporting period. In the next reporting period, we are undertaking a full review of our policy and process to ensure it meets the requirements of the developing organisation. This will be supported by training delivered to all colleagues involved in the management of complaints.

An Integrated Governance Share Point Hub has been launched across the organisation. This gives staff a simple way to share learning, lessons and important information more widely, so everyone can benefit and improve how we work.

1.7.7 Risk Management and Assurance

We have continued to improve our risk management processes across Cora Health. We now have an aligned Risk Management Framework across both divisions. We are using consistent terminology and scoring supported by our transition to Datix Cloud IQ.

Our Risk Management Committee (RMC), with membership comprising our Executive Management Team (EMT) and Chaired by our CEO provides oversight of key risks and controls at Director level.

During 2025/26, work commenced on the development of a Board Assurance Framework (BAF) aligned to Cora Health 's strategic objectives, strengthening the link between strategy, risk and assurance.

We have also aligned our internal audit programme to include all Cora Health services in scope.

1.7.8 Safeguarding

Cora Health is committed to safeguarding children and adults at risk of abuse and neglect and recognises its responsibility to identify, escalate and respond to safeguarding concerns promptly and appropriately. Due to the nature and geographic spread of services, Cora Health works closely with multiple Local Authority Safeguarding Teams for both adults and children and actively participates in statutory safeguarding processes, including Section 42 enquiries, Domestic Homicide Reviews and Child Safeguarding Reviews.

Safeguarding is supported by a clear organisational structure, with executive leadership oversight through the Head of Safeguarding and Patient Experience. A team of Designated Safeguarding Officers, all trained to Level 4, provides expert advice and support to clinicians across the organisation. This support is available during working hours via a rota system, with additional out-of-hours advice provided as required, ensuring timely access to safeguarding guidance.

Within the Safeguarding Adult Self-Assessment and Assurance Framework (SAAF), Cora Health obtained an overall score of 65/72, giving a compliance of 90.2% from the questions applicable to the organisation. This was an increase from the 59/72 (81.9%) achieved within the previous reporting period. This increase reflects improvements made within the service with regard to Strategy, Systems and Workforce, increasing the number of questions receiving an excelling rating.

During the reporting period, 308 safeguarding concerns were recorded on Datix, with 24 resulting in referrals to Local Authority Safeguarding Teams. This

represents an increase compared to the previous year and reflects improved awareness, reporting and early identification of safeguarding concerns, supporting timely intervention and risk reduction.

Safeguarding concerns are subject to regular thematic analysis to identify trends, learning and training needs. The most common safeguarding concern continues to relate to suicidal ideation and self-harm, with domestic violence and neglect, including self-neglect, also frequently identified. Targeted guidance, resources and signposting are provided to support patients and staff, alongside referrals to statutory services where appropriate. During the reporting period, 13 patients were referred for Care Needs Assessments.

1.7.9 Accreditation and External Assurance ISO

Cora Health MSK Limited holds three core ISO accreditations, ISO 9001:2015, ISO 14001:2015 and ISO 27001:2022. These have all been reaudited externally in the last year and we have achieved revalidation.

Cora Health has worked through the past year to integrate our Quality Management Systems (QMS) to ensure accreditation is awarded across all Cora Health entities following the merger. The plan for the next financial year is to refine the scope of our ISO accreditations, and we are on track to achieve this.

Cora Health is accredited to the ISO 27001 standard, demonstrating that we provide the level of security needed to protect our organisation's information. ISO 27001 is a globally recognised standard for the management of Information Security Management Systems (ISMS). Conformity with the standard means that an organisation has put in place a system to manage risks related to the security of data owned or handled by the company.

Cora Health MSK maintained its accreditation to the ISO 9001:2015 standard within our community services. We are committed to expanding our ISO certification across Cora Health in the next reporting period.

Cora Health MSK also achieved ISO14001 which is the internationally recognised standard for environmental management systems (EMS) in 2024. West London Clinic and the Referral Management Centre also hold this accreditation. This standard highlights the commitment to our environmental responsibilities and commitment to sustainability in the future. This aligns with organisational strategic priorities and the expectations set of NHS providers by the NHS green plan.

We are in the process of integrating and aligning our Quality Management Systems with the aim of achieving accreditation across Cora Health in the next reporting year.

External Quality Standards

Cora Health has achieved “Working Towards QSI” status, with a full external inspection scheduled for July 2026 as part of the journey to achieving the Quality Standard for Imaging (QSI) Quality Mark. QSI is a nationally recognised framework developed by the Royal College of Radiologists and the College of Radiographers, designed to support high-quality, safe, and effective imaging services.

Engagement with QSI provides independent, peer-reviewed validation of quality standards and supports continuous improvement across clinical practice, governance, and patient experience. It also strengthens patient confidence by demonstrating that services are aligned to nationally recognised best practice and subject to external scrutiny.

In parallel, Endoscopy services have successfully achieved JAG reaccreditation. JAG accreditation is recognised as the national standard for endoscopy services and provides assurance of high-quality, safe, and patient-centred care. Reaccreditation confirms that services consistently meet these standards over time and maintain excellence in clinical quality, safety, and governance.

1.8 Regulatory and Statutory Compliance

1.8.1 Care Quality Commission (CQC)

As an organisation we are regulated by the Care Quality Commission – CQC, the independent regulator that oversees health and social care services in England. Following the merger of Connect Health and Healthshare Ltd our CQC registrations were updated to reflect the new business names.
There have been no new CQC inspections in this reporting period.
The nominated individual for all our CQC registered services is Mr Michael Edward Turner.
Our CQC registrations and current ratings are as follows:

Cora Health MSK Ltd

CQC Provider ID	Regulated Activities
1-151592833	• Treatment of Disease, Disorder or Injury • Diagnostic and screening procedures • Transport services, triage and medical advice provided remotely

The most recent CQC inspection of this service was in May 2021 as the then Connect Health MSK.

The CQC rating is **Good** overall with **Outstanding** in the **Well-Led domain** the report can be accessed via the following link Connect Health Limited (cqc.org.uk). No enforcement notices or improvement plans have been issued by CQC and there are no ongoing CQC investigations.

Cora Health Pain Services Ltd

CQC Provider ID	Regulated Activities
1-127869588	• Treatment of Disease, Disorder or Injury • Diagnostic and screening procedures • Transport services, triage and medical advice provided remotely

The most recent CQC inspection of this service was in December 2022 as the then Connect Health Pain Services Limited.

The CQC rating is **Good** overall with **Outstanding** in the Well-Led domain the report can be accessed via the following link Connect Health Pain services Ltd CQC Report.

No enforcement notices or improvement plans have been issued by CQC and there are no ongoing CQC investigations.

Cora Health Limited

CQC Provider ID	
1-1255986254	• Treatment of Disease, Disorder or Injury

The most recent CQC inspection of this service was in August 2023 as the then Healthshare Ltd.

The CQC rating is **Good** overall, the report can be accessed via the following link Healthshare Ltd - Care Quality Commission

No enforcement notices or improvement plans have been issued by CQC and there are no ongoing CQC investigations.

Cora Health Diagnostics Limited

CQC Provider ID	Regulated Activity
1-101727229.	• Treatment of Disease, Disorder or Injury • Diagnostic and screening procedures • Surgical procedures.

Cora Health Diagnostics Ltd comprises of 2 registered locations.

- **Cora Health West London Clinic** – CQC location ID 1-9127243322.The most recent inspection of this service was in August 2019 as the then then Riverside Clinic Heathshare Diagnostics Limited. The CQC rating is **Good** overall, the report can be accessed via the following West London Clinic CQC Inspection Report

- **Cora Health Norwich Clinic** – CQC location ID 1-132470348. The most recent inspection of this service was in June 2022 as the then Global Diagnostics Limited. The CQC rating is **Good** overall, the report can be accessed via the following link Norwich Clinic CQC inspection Report

No enforcement notices or improvement plans have been issued by CQC and there are no ongoing CQC investigations.

1.8.2 NHS Digital and Information Governance

Digital Compliance

Continued & strengthened compliance

During the reporting period, Cora Health has continued certification and strengthened compliance frameworks linked to digital compliance.

We have maintained compliance with Data Security Protection Toolkit (standards met), and clinical safety standards Digital Technology Assessment Criteria, DCB0129 & DCB160. These accreditations underpin the clinical safety of digital products and support the safe deployment/maintenance of technologies such as Cora's patient portal, ensuring risk mitigation is built into design. Cora Health is Cyber Essentials certified.

Work is underway to integrate legacy ISO 27001 certifications (previously held separately by Healthshare and Connect Health. The scope of Cora's Information Security Management System has been extended to cover the entire Cora Health Group, simplifying the management system and ensuring a consistent

compliance approach to information security and technology deployment/management.

Enhancements to Digital Controls & Security Measures

We worked with our IT Partner (Bytes), who have completed independent Cyber Assessment Framework (CAF) and Centre for Internet Security (CIS) assessments to benchmark Cora's security posture. Both frameworks provide assurance on the strength of an organisation's security posture. A security roadmap has been developed - a commitment to further strengthen digital security across Cora.

We have enhanced digital controls across the organisation in the last 12 months, including the deployment of multi-factor authentication across the Cora Health Group, extended Microsoft Sentinel monitoring across all endpoints across the group, which are monitored 24/7, 365 by our Security Operations Centre.

In addition to this, a full remediation program was successfully completed, bringing all hardware and operating systems onto fully supported versions. 38 virtual machines were replaced across two data centres, which host business-critical applications, previously running on end-of-life hardware. Several critical applications were also updated including ICE, Soliton, Hexerad, and Intelerad. Underperforming, end-of-life VM Ware, essential for DSS colleagues accessing the infrastructure (final phase of rollout) was also replaced. All PC's and laptops were updated to Windows 11.

Digital Clinical Safety Improvements

We recognise the importance of digital clinical safety, creating a specific Digital Clinical Safety Lead role within Cora. The introduction of this role has strengthened Cora's digital safety, governance, and compliance by providing dedicated oversight of all digital technologies, ensuring that deployments and upgrades meet DCB0129/0160 standards, and producing consistent clinical safety case reports and hazard logs that evidence robust risk management.

The role has embedded a stronger safety culture across IM&T and clinical/operational teams by bringing context into digital design and development, raising awareness of safety obligations, improving software lifecycle processes, and upskilling colleagues through training and ongoing support. It has also enhanced organisational assurance by creating clear, auditable safety documentation for ISO9001 and regulatory compliance, improving visibility of clinical risk to EMT and Boards, and ensuring digital systems are deployed and operated safely, effectively, and with reduced patient risk.

Future Opportunities

In flight are several projects which aim to enhance digital compliance, including:

- Accreditation to DCB1596 NHSE Email Security Standard (evidence has been submitted to NHSE at the point of writing)
- Deployment of enterprise-grade monitoring, altering and reconciliation for continuous digital assurance
- Advancing IT security roadmap (zero-trust, identity security)
- Strengthening automated compliance in new digital pathways and API-driven services
- Creating a standard compliance mobilisation framework for new services

1.8.3 NHS Provider Licence Compliance

Cora Health is registered with NHS Improvement with an NHS Provider Licence to deliver services for our NHS contracts. We hold two registrations with monitor for surgical and diagnostics and community services.

Confirmation of adherence is submitted via self-certification against G6 Licence Conditions, which is required annually. Since registration, Cora Health has met all the requirements from NHS Improvement (formally Monitor) and met all the relevant criteria for ongoing registration and approval of our NHS Provider Licence.

1.9 Equality, Diversity and Inclusion (EDI)

Colleague voice, Inclusion and Wellbeing: In the reporting period, Cora Health has continued to strengthen colleague voice and inclusion through our Colleague Engagement Group (CEG), Equality, Diversity and Inclusion Forum (EDIF), Wellbeing Network and Freedom to Speak Up (FtSU) Network. These groups continue to provide meaningful opportunities for colleagues to shape organisation-wide initiatives, including brand development, values creation, annual pay reviews, and key EDI and wellbeing activities. Throughout the year, these networks have led a range of engagement events strengthening colleague participation, voice and community:

- International Women's Day, including the launch of our organisational pledge to Henpicked's Menopause Friendly and Menstruation Friendly accreditations.
- International Men's Day, promoting men's mental health awareness and targeted wellbeing initiatives.
- Pride, celebrating LGBTQ+ inclusion and visibility.
- Diwali and Hanukkah, recognising and celebrating faith and cultural diversity.
- Eid and Ramadan Awareness, with company awards celebrations consciously adapted to ensure inclusivity for colleagues observing these occasions.
- Lunar New Year, celebrating cultural heritage and community.

- Christmas, marking the end of the year and shared celebration.

This approach is further strengthened by our annual Gender Pay Gap (GPG) reporting, Workforce Race Equality Standard (WRES) reporting, and anonymised Equality, Diversity & Inclusion (EDI) data collection, which collectively demonstrate that we are a diverse organisation and are making steady progress in improving equity across our workforce. Through our job family framework and structured pay review processes, we continue to reduce variation across pay quartiles and embed fairness, transparency and consistency in how we reward our people.

Overall, our Gender Pay Gap remains low across most quartiles, with gaps at or near 0% in lower and middle bands and improving trends across all areas, particularly within Cora Health MSK. Variance remains most notable in the upper quartile, where targeted actions are in place to drive further improvement.

We are committed to ensuring that everyone is rewarded fairly and has equal opportunities to grow and develop their career. To support this, we regularly review our pay structures, monitor pay across different roles and job groups, and compare our approach with external market rates. We also aim to align more closely with NHS pay scales over time, helping to provide a fair, transparent and sustainable reward framework that supports both our people and the long-term success of our organisation.

Patient focussed EDI has had recent gains with regard to better utilisation of the Accessibility email address, which is monitored by the Quality Support Assistants. This is a method by which patients can inform us of their accessibility requirements in order to implement these before their appointment. This has been transformed, with a dedicated form on the website, which is also displayed on each service page, with questions designed in line with recommendations regarding readability and understanding. These questions guide patients to tell us how best we can be support them.

Prompts regarding sharing accessibility needs are also being added into the welcome emails patients receive so that these needs can be highlighted and strategies to support patients implemented for their first appointment. This will also be considered in relation to text messages and telephony system messaging over the next year.

These forms will also link to the patient's location, giving us data directly from the patients which we can attribute to areas and include within our future resource planning. Information relating to other protected characteristics are also being collected for Cora Health to be able to critically assess our support for patients and add to this where required to ensure that there is equitable access to services for all

populations we serve, further reinforcing our commitment to do better, as per our organisational values.

Our commitment to EDI continues, with plans for the development of both colleague and patient forums in order to continually expand and improve the support we provide. This will include celebration and provision of information around different cultural and EDI events across the organisation.

Section 2

Review of Quality Performance & Improvements 2025/26

Part 2 Review of Quality Performance & Improvements 2025/26

Providing Safe, Effective and Well-Led Care

2.1 Clinical Excellence and Outcomes

Clinical Excellence' is one of our organisational strategic priorities and remains central to our commitment to delivering safe, effective and patient-centred care. The clinical strategy is currently under review but increasing the measurement and consistency and meaningful use of clinical outcomes data across the organisation is a core strategic priority for the coming year.

Cora Health aligns its policies with guidance and standards from:

- RCR (Royal College of Radiologists)
- BMUS (British Medical Ultrasound Society)
- SCoR (Society & College of Radiographers)
- Royal Colleges of Surgery, Gynaecology, Urology
- GMC (General Medical Council)
- National Institute Clinical Excellence (NICE)
- British Pain Society
- British Society of Rheumatology
- The Getting It Right First Time (GIRFT) programme – NHS England

Clinical outcomes are used to monitor how well our care is working and how safe it is. We do this by reviewing our work through audit, incident reporting and quality improvement activity. This approach provides assurance that patient safety risks are identified, monitored and addressed through structured governance oversight.

This year, we have continued to work to improve how quickly we respond, how well we collect information, and how we use that information to make care better for patients in community services.

We have done this by:

- Making sure we collect clear and reliable feedback from patients about how they feel and how their care went using Patient Reported Outcome Measure (PROMs) and Patient Reported Experience Measures (PREMs)
- Regularly looking closely at patient feedback to understand what is working well and what needs to improve

- Taking part in a national MSK audit so we can compare ourselves with others and learn from them

We collect patient feedback at different times — before treatment starts, when it finishes, and again a few months later. This helps us understand how patients are doing over time.

In 2025–26, we collected feedback from around 142,000 MSK patient experiences across these services.

The MSK-HQ is a short questionnaire that allows people with musculoskeletal conditions (such as arthritis or back pain) to report their symptoms and quality of life in a standardised way. An average score shift of >6.60 exceeding the Minimal Clinically Important Difference (MCID – this refers to the minimal amount of change required for a patient to notice an improvement day-to-day) of 5.5 points was achieved with 73.4% of patients reporting a clinically meaningful improvement.

Data is collected for the Keele University National MSK audit with our results showing that our MSK services are performing very well compared to others nationally, with excellent outcomes for patients.

In our pain services, we use a questionnaire called the Brief Pain Inventory to understand how much pain patients feel and how it affects their daily life. So far, we have collected 10,393 responses. The results show that many patients are improving, with over half experiencing a meaningful reduction in their pain. (average score improvement of 0.68, exceeding the MCID 0.50 points)

The completion of these Patient Received Outcome Measures (PROMs) occurs electronically (with inclusion-enhancing features within all workflows) which minimises bias of in-clinic collection and ensures data is collected at consistent timepoints enhancing data quality.

In 2026, the priority is to ensure similar robust electronic systems are in place in the Diagnostic and Surgical division.

We have strengthened how we monitor patients after procedures, particularly to identify possible infections earlier. By introducing PROMS, we can better understand how patients are recovering at home and quickly identify any concerns.

Preventing blood clots (VTE) following a procedure, remains a priority. Over the reporting period, more than 99% of patients received an individual assessment of their risk for blood clots, with preventative treatment given where needed. No procedure-related blood clots were reported.

Standards for infection prevention and control remain high. Cleanliness and hand hygiene adherence stayed above 95%, and checks within endoscopy services confirmed that equipment cleaning processes are working effectively.

Around 1 in 100 patients reported taking antibiotics for a possible wound infection after surgery. While this does not confirm an infection, it helps us monitor trends and follow up where needed. National comparison data for this type of surgery is limited, but published figures show infection rates can vary depending on the procedure (1 – 4%). Our current data suggests infection rates remain low.

Clear follow-up and escalation processes are in place so that patients know when and how to seek help if they have concerns after their procedure. These are particularly important for day surgery services.

In radiology services, service leaders monitor audits, report turn around, image quality and patient feedback with the use of live dashboards fed from the data collected on the ground and externally validated. Our services are benchmarked against the NHS national standards and those of the Royal College of Radiologists, so we have assurance that we consistently exceed these expectations and are treated as the minimum requirements not the target values.

Independent external audits review 5% of all diagnostic work, alongside routine peer reviews to support continuous improvement.

These audits show that radiology reporting is performing well within national standards. The rate of significant (major) errors remains low across all imaging types, well below the national benchmark of 3%. Current rates are MRI: 0.1%; ultrasound: 0.9% and Plain X-ray: 0.4%. Overall, this demonstrates a strong level of accuracy and quality in diagnostic reporting.

External audit of reporting confirms consistently high accuracy and compliance across modalities, reinforcing confidence in diagnostic outputs and clinical decision-making.

The continued development of the IRIS project, where radiographers report defined images, is a key strength for the organisation. It increases our numbers of staff able to report images making services more reliable and helps reduce costs. It also allows us to make better use of our own staff expertise while maintaining high quality reporting.

Patient Safety Incidents and Learning (2025–2026)

During 2025–2026, a total of 1,401 incidents were reported across services. The majority of these were of low severity,

- 1,275 incidents (91.0%) resulted in no harm
- 123 incidents (8.8%) resulted in low harm
- 3 incidents (0.2%) were classified as moderate harm following review

The overall incident reporting rate across all clinical services was 1.01 incidents per 1,000 patient contacts, which is consistent with an open and transparent safety culture.

A total of 49 incidents were reviewed using the “swarm” approach, a rapid, multidisciplinary review process undertaken shortly after an incident occurs.

Swarm reviews enable staff directly involved to:

- Quickly understand what happened and why
- Identify immediate learning
- Agree practical actions to reduce the risk of recurrence

This approach supports timely learning and promotes a culture of openness and continuous improvement.

All significant incidents were appropriately investigated, with 28 incidents reviewed using methodologies aligned with the Patient Safety Incident Response Framework (PSIRF).

Within this:17 Patient Safety Incident Investigations (PSIIs) were undertaken.

PSIIs are structured, in-depth investigations focused on understanding system factors and contributory causes, rather than individual blame.

Learning from these incidents has informed several improvement initiatives, including:

- Improving the management of patients with diabetes in preparation for surgical procedures.
- Strengthening equipment management and logging processes, which will remain a priority for the Medical Devices Group in the coming year.

In addition, a number of incidents were related to the automation of appointment processing. In response:

- A dedicated focus group has been established to review these incidents
- The group is identifying system improvements to enhance reliability and reduce administrative errors and ensure changes in IT systems do not result in unintended consequences to other systems.

2.2. Clinical audit

Clinical audit is fundamental to Cora Health's commitment to delivering safe, effective, and patient focused care. As a provider of independent healthcare services, clinical audit is embedded into routine practice as a key mechanism for reviewing performance, identifying opportunities for improvement, and strengthening the quality of care delivered across our hospitals and community-based services.

The annual clinical audit programme framework has been set out to ensure that Cora Health meets the regulatory requirements but also drives this commitment to continuous improvement and the delivery of better care.

Community Services undertake a robust Biennial Clinical Audit Programme. Clinical audits are performed across services and analysed initially at a local level, identifying areas of good practice and areas for improvement, driven by specific actions. The findings are then reviewed at an organisational level within QIPP to determine any wider themes or trends, or actions that are required at a divisional level to implement improvement across services. These actions are then tracked until implementation and further assured in subsequent audits as part of this continuous cycle.

In the coming year, Cora Health will implement a digital audit tool to support the development of a coordinated, organisation-wide audit programme. This will improve consistency, oversight and efficiency by standardising audit processes, strengthening governance assurance and better linking audit findings to quality improvement actions.

Audit Summary for 2025-6

Audit
Confirmed Serious Diagnosis Audit
Radiation Dosage (Mobile Injection Unit) External review Radiation Protection Advisor. *Annual audit of radiation exposure for fluoroscopy-guided injections on the Mobile Injection Unit, aligned with IR(ME)R 2017 and ALARP principles*
Infection Control (PPE and Hand Hygiene) – community services

aligned to WHO, DHSC and HSE standards
Lower Back Pain Standards of Care Audit *NICE NG59* guidelines
Procedures of Low Clinical Value (PoLCV) Audit – Community Services *Evidence-Based Interventions (EBI) guidance*
Extracorporeal Shock Wave Therapy (ESWT) Audit *NICE-approved indications*
Clinical Note Record Quality Audit – community services
Prescribing Audit (Pain & Rheumatology) *NICE guidance*
Medication Recommendations Audit – Community Services
Venous Thromboembolism (VTE) Performance *NICE NG89 and CQC Regulation 12 requirements*
WHO Surgical Safety Checklist in line with NatSSIP2
IPC - Aseptic Non-Touch Technique (ANTT)
IPC – NHS Cleaning Standards 2025
Consent
Medicine management in surgical services
Pain – 24-hour post-operative pain follow up
Hand hygiene surgical services
Environmental Audit
Resuscitation Audit
Bowel preparation for endoscopy

Improvement actions following audits:

The safe and secure medicines audit highlighted several key learning points. These included gaps in policy knowledge and security arrangements, which led to the replacement of traditional key access with digital locks to strengthen medicines security. The audit also identified the need for improved documentation, particularly in relation to opioid prescribing, with a focus on clearly recording opportunities for dose reduction and the risks associated with prolonged use.

The clinical record-keeping audit demonstrated documentation of patient history and screening was strong, achieving compliance rates above 90%. However, areas for improvement were identified in other aspects of documentation. These are currently being addressed through enhancements to the electronic patient record system, supporting more consistent and comprehensive clinical documentation moving forward.

2.3 Patient Experience

Cora Health is committed to providing high-quality, compassionate and person-centred care, with patient experience central to how services are designed, delivered and improved (see data below).

We gather feedback in a range of ways, including the Friends and Family Test (FFT) within Community Services, Patient Satisfaction Questionnaires (PSQ) within Diagnostic Services, compliments, complaints and incident reports. This includes both feedback we actively request from patients as part of their care, and feedback shared independently, helping us to understand a wide range of patient experiences.

All feedback is reviewed regularly to ensure that any concerns are identified and addressed promptly, and that learning is shared across services. Service leads have access to both service-level and clinician-level feedback to support reflection, improvement and the sharing of good practice.

Patients experience our services in different ways depending on the type of care they receive. In diagnostic services, care is usually provided in a single visit. Patients are referred for a test, attend their appointment, and are then discharged back to their GP or specialist. Feedback shows that patients expect this experience to be smooth, clear and reassuring, often completed on the same day.

During the reporting period, 98% of patients receiving diagnostic and surgical services that completed the PSQ reported being treated with dignity and respect, demonstrating the high standard of care provided.

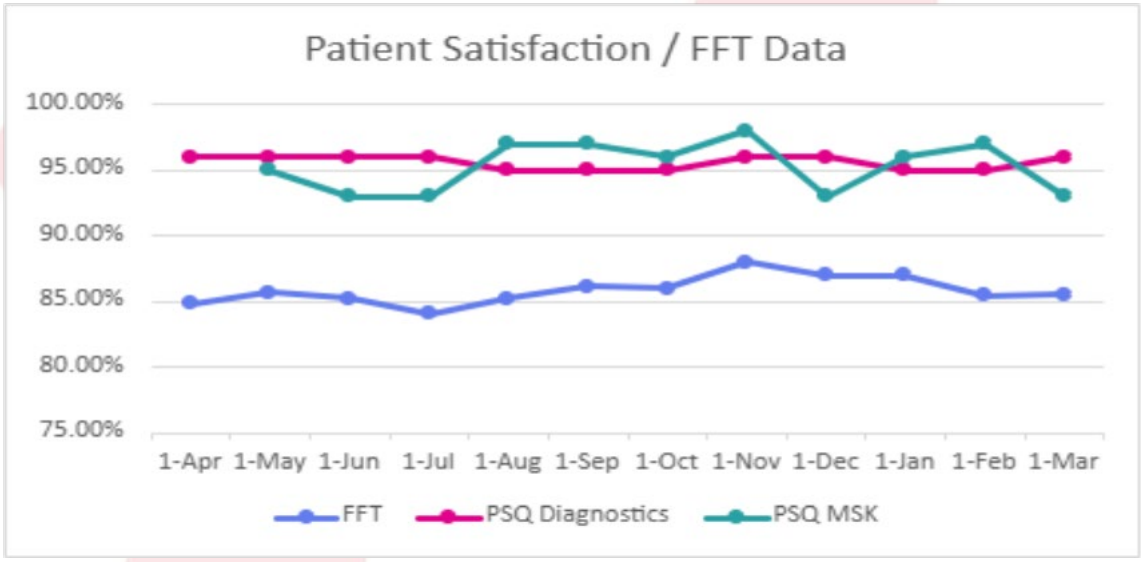
In community services, care is typically delivered over a longer period. Patients may attend several appointments over weeks or months, sometimes with referrals to other services. In these services, patients value continuity of care, ongoing support, and improvements in their condition over time.

The FFT positive response was 86%, some patient responses currently do not include a rating, accounting for approximately 7–15% of all feedback during the reporting period. While these responses are not included in overall experience scores, they often provide valuable insights.

Analysis of patient feedback confirms these differences, highlighting the importance of tailoring services to meet patients' expectations at different stages of their care. It also reflects the different timescales involved, with diagnostic services often delivered within a single day, and community services forming part of a longer care pathway.

To address this, Cora Health is standardising and improving its approach to feedback collection. This includes introducing clearer wording to help patients provide more meaningful responses and ensure that feedback accurately reflects their experience.

Looking ahead, 2026–2027 will see the launch of a new Patient Experience Strategy, with a focus on strengthening patient engagement and addressing health inequalities, ensuring that all patients' voices are heard and acted upon.



Patient feedback – PSQ (Diagnostics and surgery division) and FFT (community services)

During 2025/26, we have continued to actively encourage and review patient feedback through our formal complaints process. All complaints are managed in line with organisational policy, ensuring they are investigated thoroughly,

responded to in a timely manner, and used as opportunities for learning and service improvement.

During the reporting period we had 1,429 complaints reported and a further 1,075 compliments. The number of formal complaints per 10,000 patient contact is 3.46. Benchmarking suggests that healthcare organisations typically receive approximately 3–5 formal complaints per 1,000 patient contacts; higher complaint rates may be seen if reporting mechanisms are accessible.

Key themes identified from complaints during the reporting period have included communication, appointment scheduling, and patient expectations of care pathways. In response, targeted actions have been implemented across services. These include improving clarity and consistency of patient communications, enhancing administrative processes to support more efficient appointment management, and further developing patient information to ensure individuals are well informed about their care journey.

Importantly, we have strengthened mechanisms to ensure that learning from complaints is shared across the organisation. We have also continued to embed a culture of openness and responsiveness, ensuring that patients feel heard and that their concerns are taken seriously. Where appropriate, we engage directly with patients to understand their experiences in greater depth and to ensure that resolution is meaningful.

I answered number 1 (very good) because nothing could have been done better. Up to now, everything has been fantastic with my current attempts to resolve my serious shoulder injury

FFT

My telephone call was amazingly detailed, and I felt very confident about the information I was given and the lady who I spoke to was caring and very helpful and above all very Thorough. I couldn't have ask for a better telephone consultation.

FFT

Consultation was good. Got answer why knee hurts and then practical doable exercises. App is v good so can check progress and gives encouragement along the way. Plus it has extra useful info. Speedy appointment after initial triage phone call and local to me. Physio friendly and knowledgeable.

FFT

"I was very impressed with Cora. All the staff were polite and helpful and the Radiographers delivered a most professional and comforting service. Thank you Cora!

PSQ Quote – MRI

Very pleasant experience from all staff, from the receptionist to the clinicians. I was provided with all the information I needed on arrival. I was seen promptly and I didn't feel rushed whilst in my appointment.

PSQ Quote – Ultrasound

The person doing the scan put me at ease. Explained what he was doing. Explained when and how I would get the results. Thank you!

PSQ Quote – DXA

It was my first time to visit in the clinic and I was amazed with the service from the receptionist to the Xray dept. Staff were accommodating, facilities were clean. Overall outstanding.

PSQ Quote – X-Ray

2.4 Education, Research and Quality Improvement

2.4.1 Clinical Education and Supervision

Continued personal and professional development remains a core organisational priority. During the year, the Cora Academy (an internal learning and development website, see section on page 39 for more information on the Learning academy) delivered an expanded national CPD programme, providing a blended learning offer across clinical practice, leadership and management, education, and research and audit.

Clinical supervision, where a healthcare professional meets regularly with a more experienced colleague to talk about their work and get support, is a key part of ensuring patent safety and professional development. It helps our clinicians reflect on their practice, learn, and make sure they are providing safe, high-quality care. The Clinical Supervision Policy positions supervision as integral to all domains of clinical governance, supported by training that is available through the online Cora Academy.

2.4.2

Research

Research and Quality Improvement activity are overseen through the QIPP Group. Progress during the year demonstrates a sustained commitment to building research capability, generating new evidence, and translating findings into improved care delivery.

Three doctoral programmes progressed during the year, including one completed PhD. In addition, five peer-reviewed publications were achieved across a range of clinical and service-delivery themes, reinforcing the organisation's contribution to evidence-based practice and national learning.

- Correlation between physiotherapists' assessment findings and magnetic resonance imaging in diagnosing lumbosacral radiculopathy, and the impact of MRI on treatment plans: a retrospective clinical audit (Correlation Between Magnetic Resonance Imaging Findings and Advanced Practice Physiotherapists' Assessment Findings in Diagnosing Lumbosacral Radiculopathy, and the Impact of Imaging Findings on Treatment Plans: A Retrospective Clinical Audit - PubMed)
- The Efficacy of Education as an Intervention for Improving Core Outcome Domains in People With Tendinopathy: A Systematic Review With Meta-analysis (The Efficacy of Education as an Intervention for Improving Core Outcome Domains in People With Tendinopathy: A Systematic Review With Meta-analysis - PubMed
- The effect of one-off injection, with or without rehabilitation, in the treatment of Osteoarthritis of the knee (A Retrospective Database Study Into the Use of Intraarticular Corticosteroid Injections in the Treatment of Knee Osteoarthritis: Does the Profession of the Injecting Clinician Impact Treatment Outcome? - Bullock - 2025 - Musculoskeletal Care - Wiley Online Library)
- Physiotherapist's Management of Suspected Cauda Equina Syndrome in the United Kingdom: A National Survey (Physiotherapist's Management of Suspected Cauda Equina Syndrome in the United Kingdom: A National Survey - Tyer - 2026 - Physiotherapy Research International - Wiley Online Library)
- Pain Science Education for People With Persistent Pain on NHS Waiting Lists: A Mixed Methods Study (https://onlinelibrary.wiley.com/doi/full/10.1155/prm/9944170/)

2.4.3 Quality Improvement

Our Quality Improvement (QI) programme focuses on improving safety, quality, and patient experience, and is built into how we manage quality and governance. It places strong emphasis on creating a culture of continuous improvement, while

giving staff the skills to lead practical improvements in everyday care and aligned with our organisational value of “committed to better”.

During the year, a QI-specific curriculum and training programme was embedded within the Learning Academy, and over 30 QI projects were completed across services, supporting local innovation and service improvement alongside national transformation initiatives. Our QI programme has been in place for five years and so we’ve held our fifth Annual QI Conference, giving teams the opportunity to share ideas, learn from each other, and spread successful improvements across Cora Health. Examples include:

1. Understanding and realising the value of clinical conversations to reduce health inequalities.
2. Introduction of a quality control framework to reduce open pathways across administration.
3. Ensuring flow: right patient, right pathway, right first time.
4. Reducing DNAs and Discharges without contract in community-based services.
5. A project focused on improving patient care coordination, helping to avoid delays in care, strengthen oversight, and make sure patients move through their care more smoothly and on time.

Diagnostic Services continue to demonstrate a strong commitment to continuous improvement, with a focus on expanding capacity, enhancing the IRIS project (see section 2.1above), developing advanced data dashboards and optimising patient experience. Taking part in national frameworks like QSI helps teams learn from each other, adopt best practice, and meet recognised standards for governance, safety, and continuous improvement.

QI sessions and monthly clinical expert webinars: Each month our clinicians have an opportunity to deliver a webinar to our clinical community with open invite to share their expertise, highlights in 2025/26 include: cauda equina update, medicines management, and consent, attended by over 1,300 clinical colleagues.

2.4.4 External Activity

Cora Health has presented at both national and international forums, demonstrating widespread dissemination of expertise across major musculoskeletal, pain, spine, and sport and exercise medicine conferences. Colleagues have also played a significant role in shaping national policy and clinical practice through active involvement in NICE guideline development, GIRFT national programmes, the National Spine Network, and multiple British Pain Society committees.

2.6 Our Commitment to Our Colleagues

Multi-disciplinary professional workforce

Cora Health has increased the national multi-disciplinary workforce to 1,309 colleagues (769 Clinical/ 540 Support), from 1,255 colleagues (767 clinical/488 support). In addition, to meet flexible resource demands for NHS services, we have 140 bank colleagues, 32 locums and 78 sessional workers. Our multi-disciplinary workforce provides MSK community services, diagnostics imaging, day case surgery, physiotherapy, rehabilitation, podiatry, persistent pain management, orthopaedic and rheumatology services.

Our belief is healthcare made ever better. Our clinical and support teams work together to achieve our mission to reimagine healthcare for people to thrive. Our values support these aims, starting with a can-do attitude, acting with empathy, and a commitment to better, to improve patient care and colleague wellbeing.

All clinical colleagues have the necessary professional competence and registrations in place. We monitor clinical colleagues' delivery of patient care through close, regular supervision, ensuring their CPD is always prioritised. All colleagues benefit from appraisal discussions, three times a year, to set meaningful objectives, personal development plans and track progress.

Our Executive and Senior Management Team structure, enables Cora Health to be well led, supporting compliance, governance, clinical standards and delivery of operational performance.

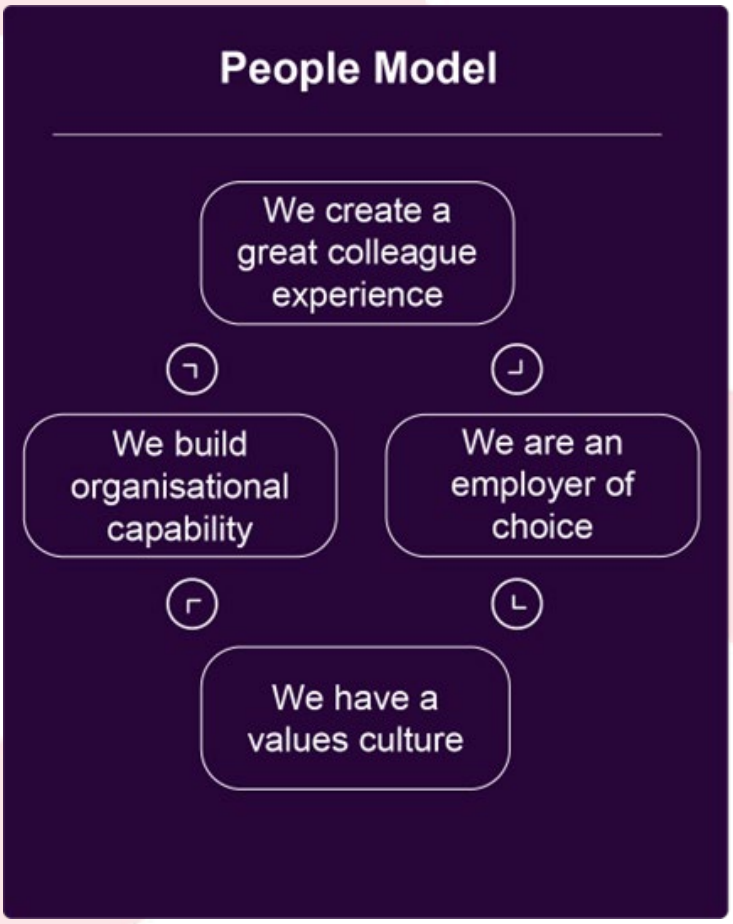
In 2025/26 we completed our previous People Plan and launched the next generation, a 3-year People Strategy, with delivery commitments across 2026-2028. Our people strategic aim is to foster a culture where colleagues flourish and feel valued, and our People Principles are:

Grow our own – Investing in entry-to-leadership pipelines through apprenticeships, shadowing and stretch roles.

Work smarter, not harder – Harness AI and data to reduce administrative load and improve decision making.

Belong and thrive – Create a psychologically safe, inclusive culture of belonging.

The People Strategy outlines the 'People Model' we work to that drives our intentions and the 'People Deliverables' we will deliver to enable our future direction and operational planning and priorities.



- **Attract talent**: We aspire to be a great place to work attracting high quality candidates and creating environments in which colleagues can thrive who support our company and brand. We aim to always be an employer of choice.
- **Agile and innovative culture**: We live our values, respond to change and adapt through flexibility and responsiveness. Our colleagues' individual needs will be considered and supported.
- **Leadership effectiveness**: Our leaders will be encouraged to collaborate and be empowered to make decisions and accept responsibility for company performance. Our leaders will be inspiring role models of our values.
- **Optimised skills**: Our colleagues will be skilled to do their role to best effect and empowered to grow their career and realise their potential. Our colleagues CPD will be of top priority.

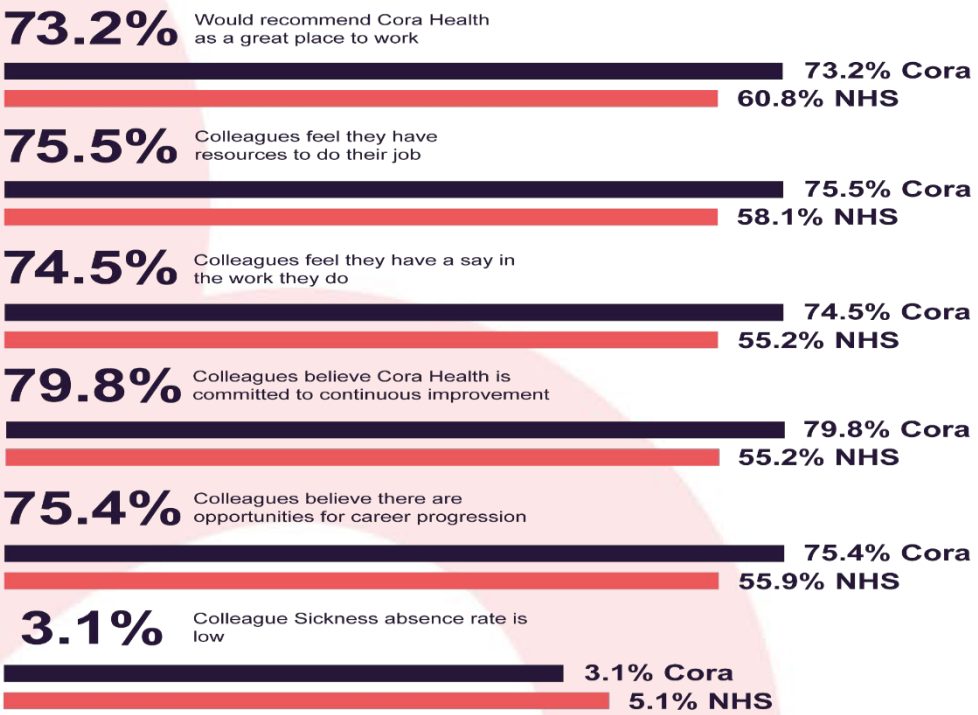
- **Inclusivity and engagement**: Our workforce will embrace diversity with a culture of inclusivity that puts wellbeing first and enables a colleague voice. Our colleagues will be supported to be their best.

Colleague survey: Our annual colleague survey including over 40 questions, based on our mission values, engagement and equality and diversity. It attracted a high response rate of 73%, favourable to the NHS at 50%. The average engagement score was 7.38 (from 10). High scoring areas (above 8.0) included:

- Colleagues have a clear understanding of what is expected and their role.
- Colleagues feel managers are supportive and give positive praise and feedback when they perform well.
- Colleagues believe that Cora Health treats patients with understanding and respect.
- Colleagues feel comfortable being themselves at work.
- Most colleagues had not experienced harassment or bullying from a patient, relatives or staff member.

Results show that colleagues have a clear sense of purpose, work to high standards of patient care, in a safe workplace, they are engaged, and we have workplace culture of inclusivity and respect.

Colleague wellbeing: Cora Health has a strong focus on colleague wellbeing, comparing results from our wellbeing questions in the colleague survey to the NHS workforce survey, we consistently achieve favourable results, for example:



Celebrating success: In 2025/26 to celebrate our colleagues and their achievements, we hosted two annual award ceremonies, one in the North and one in the South. 670 colleagues attended the awards ceremonies. We received over 650 nominations, which were short-listed by the Executive Management Team. 62 awards were issued, celebrating achievements, for example: rising star, going the extra mile, living our values, graduate of the year, leader of the year and team of the year.

Cora Health has maintained a strong Mental Health First Aider (MHFA) network, with 25 trained MHFAs across all divisions and departments, ensuring full accessibility for colleagues. In 2026, we delivered MHFA refresher training and trained 10 new MHFAs, sustaining capacity and ensuring high-quality peer support.

Cora Health remains committed to fostering a safe, inclusive, and fair workplace, evidenced by achieving Disability Confident Level 2 Employer accreditation.

Our FTSU Guardian and Ambassadors continue to provide independent, confidential support across divisions, alongside regular intranet updates, monthly video briefings and bi-annual business updates.

Cora Health first combined Workforce Race Equality Standard (WRES) 2025 report highlights positive progress following the merger, including fair representation in employee relations processes, greater transparency in recruitment diversity,

strengthened colleague voice, and ongoing investment in mandatory training and values-based culture.

Attracting talent: In the year Cora Health launched a consolidated, organisation-wide resourcing process, creating a single integrated Resourcing Team. This provides consistent, robust, and specialist recruitment support to all divisions, capabilities not available prior to the merger.

In 2025/26, the Resourcing Team made 343 job offers (328.28 FTE) across Support Services, Community Services, and Diagnostics and Surgical Services. The average time to offer for Cora Health vacancies is 41 days.

This strengthened recruitment approach ensures high-quality, compliant, and values -led hiring, aligned to best practice and the Equality Act. Cora Health prioritises candidates with the right skills, competencies and behaviours to deliver safe, effective, person-centred- care.

To enhance the candidate experience and speed up hiring, we launched a fully integrated onboarding platform supported by targeted attraction strategies and proactive headhunting. This has improved efficiency, increased compliance, and expanded our bank and flexible workforce to meet service and ICB requirements.

Compliance: In year Cora Health established an organisation-wide, consistent pre-employment and ongoing compliance process, ensuring a safe and fully compliant workforce able to deliver high-quality patient care. Compliance data is centrally held and audited monthly, supported by a single cross- organisation-compliance policy, providing clear assurance for the Board, patients, ICBs and commissioners.

Practising Privileges have been fully consolidated across Cora Health in partnership with the CMO and Governance Team, ensuring CQC aligned, best practice standards. The process for Fit and Proper Persons continues to be strengthened to maintain accuracy and organisational assurance.

A standardised risk assessment framework has been rolled out across all divisions, with consistent monitoring, clear escalation of outstanding requirements and defined mitigation actions.

Cora's centralised approach, enhanced workflows and improved exception reporting enable proactive compliance management, safeguarding colleagues and patient safety across all roles, including those with practising privileges and all direct and indirect workforce groups.

Learning and Development: Cora's digital Academy is the go-to place for colleagues to access a comprehensive range of learning opportunities. We invest significantly in training and CPD, designed to provide better outcomes for

patients, innovation, growth and development of our colleagues to be their best in their role and to progress their career. Our learning provision in 2025/26 included:

- **Mandatory training:** All colleagues have planned time to complete mandatory training, ensuring they are up to date with regulatory requirements. In 2025/26 we added further compliance and statutory training, e.g., anti-fraud awareness to meet NHS standards for fraud prevention. 16,479 mandatory learning modules were completed by our colleagues in 2025/26. In addition, 459 colleagues attended part 2 of the Oliver McGowan training. We plan in 2026/27 to remap and refresh our mandatory training job roles matrix to ensure we continue to be up to date with the latest requirements and approaches to clinical competence and compliance.

- **Management and leadership development:** Leaders are provided with development opportunities, strengthening their skills and enabling high performance, highlights include:

- 10 Leaders with high potential were identified and offered an opportunity to attend a 3-day accredited international leadership programme, “the living leader” to enhance their personal leadership skills. Since attending they have shared their learning with their teams and worked together on multiple projects.

- 115 Leaders from SMT, Operational Management and Team Leaders completed our Cora Health Leadership Academy Programme, and a further 105 leaders have started the next year of our programme. The Academy Leadership Programme has 6 modules, focussed on our values, leaders as role models and influencers. Leaders have reported increased confidence, skills and a deeper understanding of effective leadership.

- **Apprenticeships:** 29 colleagues were given opportunities to do an apprenticeship, a significant investment in their professional training, including: 11 Advanced Clinical Practice, 5 IT apprenticeships, 1 HR apprenticeship, 1 Finance apprenticeship and 11 management apprenticeships.

- **Mentoring**: We continued to grow our mentoring scheme further, extending from 20 mentors to 30, including Executive, Senior and Operational Managers. 38 colleagues are receiving mentoring support, an increase from 31. Mentoring is supporting colleagues with improved career progression insight, clinical skills/ reasoning, leadership development and building strategic focus.

- **Skills, competence and continuing professional development:** Extensive suite of learning opportunities aligned to career pathways and our MDT approach:
- Learning Academy: The Academy includes training catalogues for clinical learning, leadership and job-related skills.
- Career Pathways: We support multiple programmes of development to upskill our colleague and our wider commitment to skill inequalities:
- Graduate Development Programme (GDP): Our 12-week intensive training programme supports graduates to establish themselves into their role quickly, thus delivering patient services to expected standards. 18 colleagues were on programme in 2025/26, increasing from 13 in 2024/25.
- Accelerated Development Programme (ADP): Extending the GDP, graduates undertake the ADP programme over 12 months.
- Student placements: We hosted 42 MSK student placements across the year, supporting people with opportunities to advance their clinical learning and their career.
- QI sessions and monthly clinical expert webinars to our clinical community with open invite to share their expertise, highlights in 2025/26 include: cauda equina update, medicines management and consent, attended by over 1,300 clinical colleagues.
- National study events: We sponsored and hosted external Flippin Pain, “Pain in the Spotlight” events in partnership with Professor Lorimer Moseley, in London
- Radiography: Training has been provided to our radiography community to enhance their practice and CPD
- A Radiographers study day, attended by the radiography community, to align reporting techniques. The impact of this programme has been recognised at Cora Health with the Reporting Radiographer Team awarded “Team of the Year” for excellence in quality delivery, reporting standards, and cost-efficiency, in the Colleague Awards.
- Sonography: A comprehensive range of training has been provided to our sonography workforce, including:
- 83 Sonographers attended training events, focusing on the assessment and management of soft tissue lumps and bumps, including sarcoma pathways, patient communication, cultural awareness, consent, dignity,

and quality assurance in ultrasound practice, advanced training in paediatric ultrasound, image acquisition and medical physics principles.
- Advanced clinical training in paediatric ultrasound across services.

Our People Strategy, Mission, Values, through wellbeing, recruitment, compliance and learning initiatives demonstrate a sustained investment in workforce capability, service quality, and patient-centred care, ensuring that Cora Health continues to deliver high-quality, efficient, and clinically robust services.

Section 3

Quality Developments & Improvement Priorities 2026/27

Part 3 Quality Developments & Improvement Priorities

During 2025/26, Cora Health completed its first full year as a single organisation following the merger of Connect Health and Healthshare Ltd. Across this period, our focus has been on consolidating governance, aligning clinical standards, strengthening assurance and building the capability required to deliver safe, effective and person-centred care at scale for NHS partners.

Notable achievements in 2025/26

Over the past year, we have continued to provide high-quality care for NHS patients, supporting more than 1.3 million patient contacts across services including musculoskeletal (MSK), diagnostics, rheumatology, persistent pain, and surgery.

Alongside delivering day-to-day care, we have also expanded and strengthened our services. We worked with over half of Integrated Care Boards (ICBs) to help reduce waiting times, manage demand, and improve how care pathways are designed. We also better integrated diagnostic services, such as MRI, ultrasound, and X-ray, into MSK and surgical care. This has helped cut down on repeat tests, shorten waiting times for treatment, and improve the overall patient experience.

A key achievement this year has been bringing together our governance and quality assurance processes into a single, consistent approach across the organisation. We introduced one system for reporting and learning from incidents, which has improved oversight and helps us learn and improve more effectively. This has strengthened how we report quality and manage risks in line with our strategic goals. In 2026, we will continue to build on this by developing a more consistent approach to audit, patient feedback, and measuring clinical outcomes across all services.

We have also continued to strengthen our focus on patient safety. We introduced a more structured approach to reviewing and responding to incidents, supported by a dedicated Patient Safety Incident Review Group. Staff have received training to ensure responses are proportionate and focused on learning and improvement.

External reviews and accreditations continue to confirm the quality of our services. We have maintained key national and international standards for quality, environmental management, and information security. We are also progressing towards further quality accreditation in radiology, with a full inspection planned for July 2026, and our endoscopy services have successfully achieved reaccreditation.

We remain committed to sustainability and reducing our environmental impact. We have developed and published a Sustainability Plan with clear targets, aligned with NHS ambitions to reach net zero. This includes following national guidance to reduce greenhouse gas emissions and support more sustainable ways of delivering care.

We have made strong progress in digital systems and security. We continue to meet national standards for data protection and digital safety, ensuring our systems are safe and reliable. We are developing digital tools that will allow patients to book and manage their own appointments online more easily.
To further strengthen security, we have introduced additional login protections and improved around-the-clock monitoring of our systems. We have upgraded our IT infrastructure to ensure it remains secure, modern, and reliable. A new Digital Clinical Safety Lead role has been created to make sure all digital systems used in patient care are safe and well managed.

Finally, we have continued to invest in our workforce. We introduced a national clinical supervision system, with over 500 clinicians recording more than 3,500 hours of supervision. This supports professional development, reflective practice, and high standards of patient care across the organisation

Priorities for 2026-27

- Continue to deliver against our quality standards.
- Embed our outcomes and effectiveness framework across Trust.
- Refresh the Clinical Governance Framework
- Further develop patient engagement methods and the use of patient feedback to shape services.
- Implement an organisation-wide clinical audit programme.
- Achieve quality standard for imaging (QSI) accreditation demonstrating our commitment to excellence and best practice in diagnostic imaging (assessment in July 2026).
- Continue to strengthen and develop our workforce.
- We will continue to develop and implement digital pathways, including the rollout of a patient-facing portal to support appointment booking and management. This will improve access, reduce non-attendance rates, and enhance patient experience.
- Expand the scope of our ISO accreditations.
- Continue the work toward a net zero position by 2030.

3.1 Integrated Care Board (ICB) Statement

NHS
West and North London

25th June 2026

West and North London ICB
15 Marylebone Road
London
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NHS West and North London Integrated Care Board Statement
Cora Health

The NHS West and North London Integrated Care Board (WNL ICB) welcomes the opportunity to respond to the Cora Health Quality Account for 2025/26 which we received on 23rd June 2026.

We recognise 2025/26 as the first full year following the merger of Connect Health and Healthshare to form Cora Health. The Quality Account provides a clear overview of service delivery and reflects the organisation's continued focus on quality, transformation and partnership working.

The ICB acknowledges the progress made in establishing a unified organisational and governance framework during this period. We note the development of more consistent systems for quality assurance, incident reporting and oversight, alongside the embedding of Patient Safety Incident Response Framework (PSIRF) principles to support learning and improvement.

The ICB has reviewed progress against the quality priorities for 2025/26 and notes the following:

- Strengthening of clinical governance arrangements across the organisation, including the introduction of consistent reporting and oversight structures following the merger, has supported a more coordinated approach to quality and safety and provides a foundation for further improvement.
- Continued focus on clinical effectiveness, including the use of outcomes data and benchmarking, is evidenced by reported improvements in musculoskeletal outcomes based on patient-reported measures, alongside strong diagnostic performance supported by audit and benchmarking data and continued high standards in infection prevention.
- Progress in patient experience and engagement is demonstrated through the use of feedback mechanisms, including surveys and the Friends and Family Test, alongside actions to improve communication and administrative processes.

These areas of progress are reported alongside a high volume of activity and continued development of system partnerships, digital capability and workforce capacity.

As a newly unified organisation, some variability in maturity and consistency across services remains. Continued focus on strengthening governance, standardising approaches and embedding learning will be important to ensure improvements are consistently experienced by patients.

NHS
West and North London

The ICB supports the organisation's priorities for 2026/27. These focus on strengthening governance and assurance. They also emphasise improving the consistency and use of clinical outcomes, alongside enhancing patient experience and engagement. This is complemented by continued development of digital systems and workforce capability.

On behalf of WNL ICB, we can confirm that the Quality Account presents a balanced view of performance and, to the best of our knowledge, provides an accurate reflection of services, meeting national guidance and mandated requirements.

The ICB looks forward to continuing to work in partnership with Cora Health to support the delivery of safe, effective and high-quality care for patients across West and North London.

Finally, we would like to thank Cora Health staff, patients and partners for their continued commitment to quality and improvement.

Jennifer Roye
Chief Nurse Officer
NHS West and North London

Appendix

Appendix A – Glossary of Terms

Term	Definition
ANTT (Aseptic Non-Touch Technique)	A method used during clinical procedures to prevent infection by avoiding direct contact with key parts of equipment or treatment areas.
Benchmarking	Comparing performance against national standards or other organisations to assess how well services are performing.
BPI (Brief Pain Inventory)	A questionnaire used by patients to measure the severity of pain and its impact on daily life.
CAF (Cyber Assessment Framework)	A national standard used to assess how well an organisation protects its systems and data from cyber risks.
CGF	Clinical Governance Framework
CQC (Care Quality Commission)	The independent regulator of health and social care services in England, responsible for inspecting and monitoring quality and safety.
CIS (Centre for Internet Security)	
Clinical Governance	A framework through which organisations are accountable for continuously improving service quality and maintaining high standards of care.
Clinical Supervision	A structured process where clinicians review their work with a more experienced colleague to support learning and safe practice.
CPD (Continuing Professional Development)	Ongoing training and development undertaken by staff to maintain and improve professional skills and knowledge.
Datix Cloud IQ	A digital system used to report and manage patient safety incidents, risks and governance information.

DSP Toolkit	A national NHS standard to ensure patient information is handled securely and appropriately.
DTAC (Data Security and Protection Toolkit)	NHS standards used to assess the safety, effectiveness and security of digital health technologies.
EDI (Equality, Diversity and Inclusion)	Work to ensure services and workplaces are fair, inclusive and accessible to all individuals.
ESG (Environmental, Social and Governance)	A framework used to assess environmental impact, social responsibility and governance standards.
FFT (Friends and Family Test)	A survey that asks patients whether they would recommend a service to others.
GDP (Graduate Development Programme)	
GIRFT (Getting It Right First Time)	A national programme aimed at improving care by reducing variation and sharing best practice.
HVLC (High Volume Low Complexity)	Procedures that are carried out frequently and are relatively straightforward.
ICB (Integrated Care Board)	An NHS organisation responsible for planning and commissioning health services in a local area.
IQACC Integrated Quality, Audit and Compliance Committee	Sub Board governance committee
ISO 9001	An international standard for quality management systems.
ISO 14001	An international standard for environmental management.
ISO 27001	An international standard for managing information security.
JAG (Joint Advisory Group on GI Endoscopy)	A national accreditation body for endoscopy services.

MCID (Minimal Clinically Important Difference)	The smallest change in a patient's condition considered meaningful.
MSK (Musculoskeletal)	Relates to conditions affecting muscles, bones and joints.
MSK-HQ (Musculoskeletal Health Questionnaire)	A patient questionnaire used to assess musculoskeletal symptoms and quality of life.
NICE (National Institute for Health and Care Excellence)	Provides national guidance and advice to improve health and care.
Pathway	The route a patient takes through healthcare services.
PROMs (Patient Reported Outcome Measures)	Feedback from patients about how their health has improved after treatment.
PREMs (Patient Reported Experience Measures)	Feedback from patients about their experience of care.
PSIRF (Patient Safety Incident Response Framework)	A national framework for learning from patient safety incidents.
QI (Quality Improvement)	A systematic approach to improving services.
QSI (Quality Standard for Imaging)	A national accreditation scheme for imaging services.
RCR (Royal College of Radiologists)	A professional body that sets standards for radiology.
SSI (Surgical Site Infection)	An infection occurring after surgery.
VTE (Venous Thromboembolism)	A blood clot in a vein which can be serious if untreated.